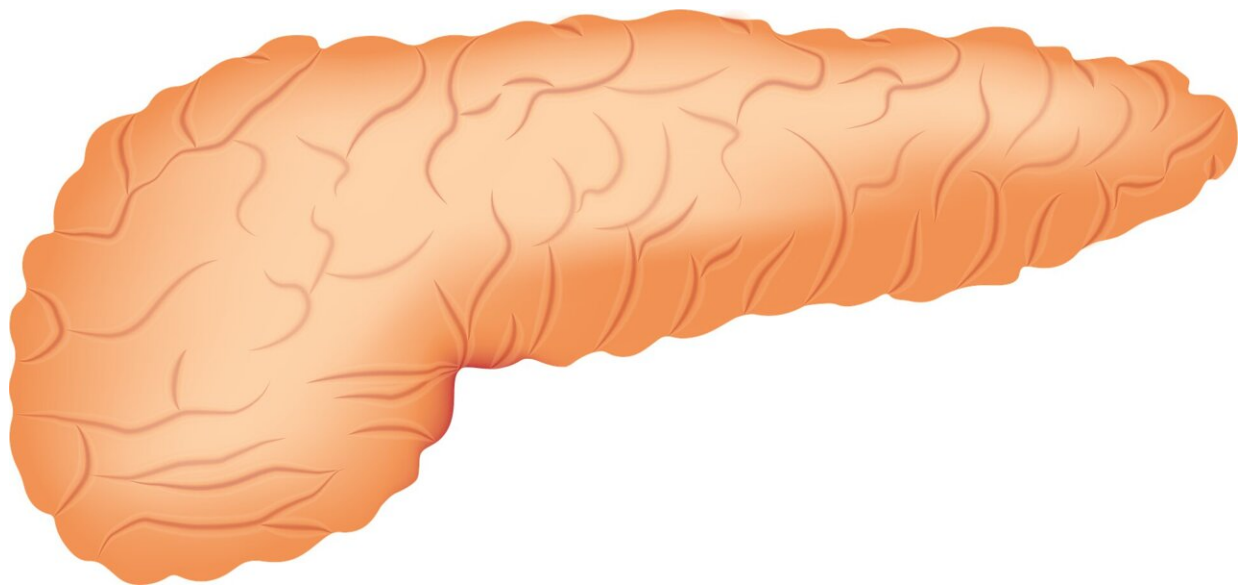


Long-term follow-up study of chronic pancreatitis patients highlights need for closer monitoring after surgery

January 24 2023



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Chronic pancreatitis, a painful, debilitating condition, often requires major surgery to remove all or part of the pancreas. Few large studies have evaluated how these patients fare five years or more after their operations. The largest study to date of patients who have had surgery for chronic pancreatitis with follow-up of six years or longer has found that about two-thirds survive after 10 years. However, more than one-

fourth of these patients were still using opioids daily for pain.

The study, presented at the Southern Surgical Association 134th [annual meeting](#) in December in Palm Beach, Florida, has been published online as an "article in press" in the *Journal of the American College of Surgeons (JACS)*.

"After [surgical intervention](#), we, as surgeons, expect that we return these [patients](#) back to their normal lives," said lead study author Gregory C. Wilson, MD, an assistant professor of [surgery](#) at the University of Cincinnati College of Medicine. "In this study, we have long-term follow-up examining survival and cause of death in these patients well after that surgical period, and what we see is that survival continues to decline even five years out from surgery."

Ten-year survival was just 63.5%, "so there's a large portion of these patients who are dying within 10 years of this operation," Dr. Wilson said. The median age of the study patients was 44.8 years.

The study included 555 operations for [chronic pancreatitis](#) performed on 493 patients at the University of Cincinnati Medical Center between 2000 and 2020, representing the largest study to date evaluating long-term survival in patients who have had surgery for chronic pancreatitis, according to the authors.

The pancreas is a major organ in the abdomen that produces digestive enzymes, as well as insulin and glucagon, to regulate the body's metabolism. Chronic pancreatitis is a benign disease that causes inflammation of the pancreas. The disease is often first treated with medication or less invasive procedures, but as many as 40% of patients may need surgery when medical treatment fails, Dr. Wilson said.

Key findings

Using the National Death Index, the researchers assessed the [long-term survival](#) and outcomes of patients who had surgery to treat chronic pancreatitis.

The operations the study surgeons performed included:

- Total pancreatectomy in 48.5%, with the vast majority also receiving a cell infusion technique.
- Pancreatic head resection with preservation of the duodenum, which is the topmost part of the small intestine, in 21.7%.
- Whipple procedure, which involves removal of the pancreatic head along with the duodenum, gallbladder, and bile duct, in 16.2%.
- Distal pancreatectomy, which involves removal of the body and head of the pancreas and, in some cases, the spleen, in 12.8%.

Twelve percent of all patients needed a second operation at a median of 20.6 months and less than 1% required a third operation. The incidence of death within 30 days (1.2%, or 6 patients) and 90 days (2.3%, or 11 patients) of surgery was considered low. But the researchers noted significant psychosocial issues with these patients after their recovery from surgery.

"We saw issues related to substance abuse, narcotics abuse, suicide, and end-stage liver disease," Dr. Wilson said.

With follow-up ranging from 26 to 118 months (with a median of 64.5 months), 38.1% were still smoking, 16.4% were abusing alcohol, and 29.6% were using opioids daily as of their last follow-up visit.

Chronic pancreatitis that was due to alcohol or smoking, along with persistent smoking and [opioid use](#) after surgery, were also all factors associated with worse overall survival, the study found.

Overall, 165 study patients died at a median age of 50.6 years. The most common cause of death was infections (16.4%), followed by cardiovascular disease (12.7%), complications of diabetes (10.9%), substance abuse (9.7%), and progressive chronic pancreatitis or failure to thrive (7.9%). Other notable causes of death were cancer (7.3%) and suicide (3.6%). Suicide also represented the earliest cause of death, with a median of less than 2 years after surgery.

"There's more than just surgery in the care of these patients," Dr. Wilson said. "There's a second part to all of this and the study highlights some of these findings that are important, such as the diabetic-related causes of death, cardiovascular disease, even some of the cancers that show up."

"Additionally, the psychosocial aspect, continued narcotic dependence, and substance abuse are things that we need to consider and address once these patients have recovered from their initial operation," he added.

To that end, Dr. Wilson and his colleagues are working with the University of Cincinnati's Center for Addiction Research to design an intervention to address [substance abuse](#) in patients after surgery for chronic pancreatitis.

"The care of these patients is multidisciplinary," he added. "We need physicians and care providers from all different disciplines, not just surgery, caring for these patients."

More information: Wilson, Gregory C et al, Long-term survival outcomes after operative management of chronic pancreatitis: Two decades of experience, *Journal of the American College of Surgeons* (2023). [DOI: 10.1097/XCS.0000000000000575](https://doi.org/10.1097/XCS.0000000000000575).

journals.lww.com/journalacs/Abstract/FullText/2023/07000/Operative.497.aspx

Provided by American College of Surgeons

Citation: Long-term follow-up study of chronic pancreatitis patients highlights need for closer monitoring after surgery (2023, January 24) retrieved 4 June 2024 from

<https://medicalxpress.com/news/2023-01-long-term-follow-up-chronic-pancreatitis-patients.html>

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